



**Genex Services UR Formal Grievance**

Name of party submitting grievance: \_\_\_\_\_

Address of party submitting grievance: \_\_\_\_\_

Telephone number of parties submitting grievance: \_\_\_\_\_

Summary of grievance: (please outline date, event, review number (if applicable), and parties involved)

History of any previous contact made with Genex:

Description of relief sought:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail to: Grievance Committee, PO Box 4379 Westlake Village, CA 91359**